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## ATTORNEY'S DOCKET NO. TRANSMITTAL LETTER TO THE UNITED STATES 5404/127 DESIGNATED/ELECTED OFFICE (DO/EO/US) U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PRIORITY DATE PCT/JP2004/008091 June 3, 2004 June 20, 2003 TITLE OF INVENTION CURING COMPOSITION APPLICANT(S) FOR DO/EO/US Nobuhiro Hasegawa et al. Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: This is a FIRST submission of items concerning a filing under 35 U.S.C. 371 2. $\Box$ This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371 This express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9), and (21) indicated below. The US has been elected (Article 31). A copy of the International Application as filed (35 U.S.C. 371(c)(2)). is transmitted herewith (required only if not transmitted by the International Bureau). $\boxtimes$ b. has been transmitted by the International Bureau. is not required, as the application was filed in the United States Receiving Office (RO/US). C. An English translation of the International Application into English (35 U.S.C. 371(c)(2)). $\boxtimes$ is attached hereto. has been previously submitted under 35 U.S.C. 154(d)(4). 7. $\boxtimes$ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). П are transmitted herewith (required only if not transmitted by the International Bureau). b have been transmitted by the International Bureau. C. have not been made; however, the time limit for making such amendments has NOT expired. have not been made and will not be made. 8. An English translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. translation of the annexes to the International Preliminary Examination English Report under PCT Article 36 (35 U.S.C. 371(c)(5)) and/or amendments under Article 34. Items 11 to 20 Below concern other document(s) or information included: 11. 🔯 An Information Disclosure Statement under 37 CFR 1.97 and 1.98 12. 🛛 An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. A preliminary amendment. 14. An Application Data Sheet under 37 CFR 1.76. A substitute specification. 16. A power of attorney and/or change of address letter. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825. 18. A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). Other items or information: Form PTO-1449; Copies of Cited References; and Return Receipt Postcard.

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 12 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| LLS APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NON (If department of STAC FIR 4.50)                                                                                                  | ATTORNEY'S DOCKET NO.                              |                       |                                     |                                        |
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| U.S. APPLICATION NO. (If known, see 37% F.R. 4,50)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       | INTERNATIONAL APPLICATION NO.<br>PCT/JP2004/008091 |                       | ATTORNEY'S DOCKET NO.<br>  5404/127 |                                        |
| 04 57 70 4 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                                                    |                       | CALCULATIONS I                      | PTO USE ONLY                           |
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| □ ★ b) Examination fee \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                                    |                       |                                     |                                        |
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| nrogram listing filed in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pecification and drawings filed in paper over 100 an electronic medium). The fee is \$250 for each                                    |                                                    |                       |                                     |                                        |
| l!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       | \$500                                              |                       |                                     |                                        |
| (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or furnishing the oath or declaration later than                                                                                      |                                                    |                       |                                     |                                        |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Number Filed                                                                                                                          | Number Extra                                       | Rate                  |                                     |                                        |
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| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2- 3 =                                                                                                                                | 0                                                  |                       | \$0.00                              | 100                                    |
| Multiple dependent claim(s) if Applicable) 0 +\$360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                    |                       | \$0.00                              | ······································ |
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| Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |                                                    |                       |                                     |                                        |
| SUBTOTAL =  Processing fee of \$130.00 for furnishing the English translation later than the 30 months from the earliest claimed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |                                                    |                       | \$1500                              |                                        |
| priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |                                                    |                       | s                                   |                                        |
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| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |                                                    |                       |                                     |                                        |
| cover sheet (37 CFR 3.28, 3.31), \$40.00 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                       |                                                    |                       | 40.00                               |                                        |
| TOTAL FEES ENCLOSED=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                    |                       | \$1540                              | <u>e</u>                               |
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| a. A check in the amount of \$1540 to cover the above fees is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                       |                                                    |                       | charged [                           | Ψ                                      |
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| b. 🗆                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Please charge my Deposit Account No. 23-1925 in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed. |                                                    |                       |                                     |                                        |
| c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                    |                       |                                     |                                        |
| No. 23-1925. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                    |                       |                                     |                                        |
| d. b = Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                    |                       |                                     |                                        |
| d. /> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                                    |                       |                                     |                                        |
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| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |                                                    |                       |                                     |                                        |
| application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |                                                    |                       |                                     |                                        |
| Send All Correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                       |                                                    |                       |                                     |                                        |
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| Chicago, IL 60610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |                                                    |                       |                                     |                                        |
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| Customer Number 00757 (Brinks Hofer Gilson & Lione)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |                                                    |                       | 1111                                |                                        |
| Richard G. Lione                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |                                                    |                       | /                                   |                                        |
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